

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCHED
09/16/0458
APPLICANT(S)
FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	3		3		1	
5	1		3		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
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TOTAL IND.	/		/		/	
TOTAL DEP.	16	→	17	→	13	←
TOTAL CLAIMS	17	EXCLUDED	18	EXCLUDED	14	EXCLUDED

o	o	o	o
IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		→	
TOTAL DEP.		→	
TOTAL CLAIMS		EXCLUDED	